

BR

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief of Criminal Appeals
 Illinois Attorney General's Office
 100 West Randolph Street, 12th Floor
 Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED

D. Is delivery restricted? Yes
 If YES, enter delivery address below: No

MAR 27 2008

Office Of The Attorney General
 Office Services

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
 (Transfer from service label) **2004 2510 0001 7700 8811**

PS Form 3811, February 2004

Domestic Return Receipt

102995-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

United States District Court (08cv1668)
 Northern District of Illinois
 219 South Dearborn Street, 20th Floor
 Chicago, Illinois 60604

RECEIVED

APR 14 2008

CLERK, U.S. DISTRICT COURT

FILED

APR 04 2008 TG
Apr 4, 2008
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT